

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

James Broxton

CERTIFICATE OF DEATH

Died at

Town

Charlotte Hall st. Mary's

County

MARYLAND

Date
of death

1905 Sept.

Month

Day

Years

18 Age 12

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

St. Mary's Co.

Occupation

—

Where Residing if not
at place of death

At home

Married, Single
or Widowed

Singer

Name of Wife or
Husband

Father's
Name

Wilson Broxton

Father's
Birthplace

St. Mary's Co.

Mother's
Maiden Name

Angelina Briscoe

Mother's
Birthplace

St. Mary's Co.

Name of person giving
Information

Charles Broxton

How related
to deceased

Auncle

CAUSES OF DEATH

Primary

Syphoid Fever

How long

4 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

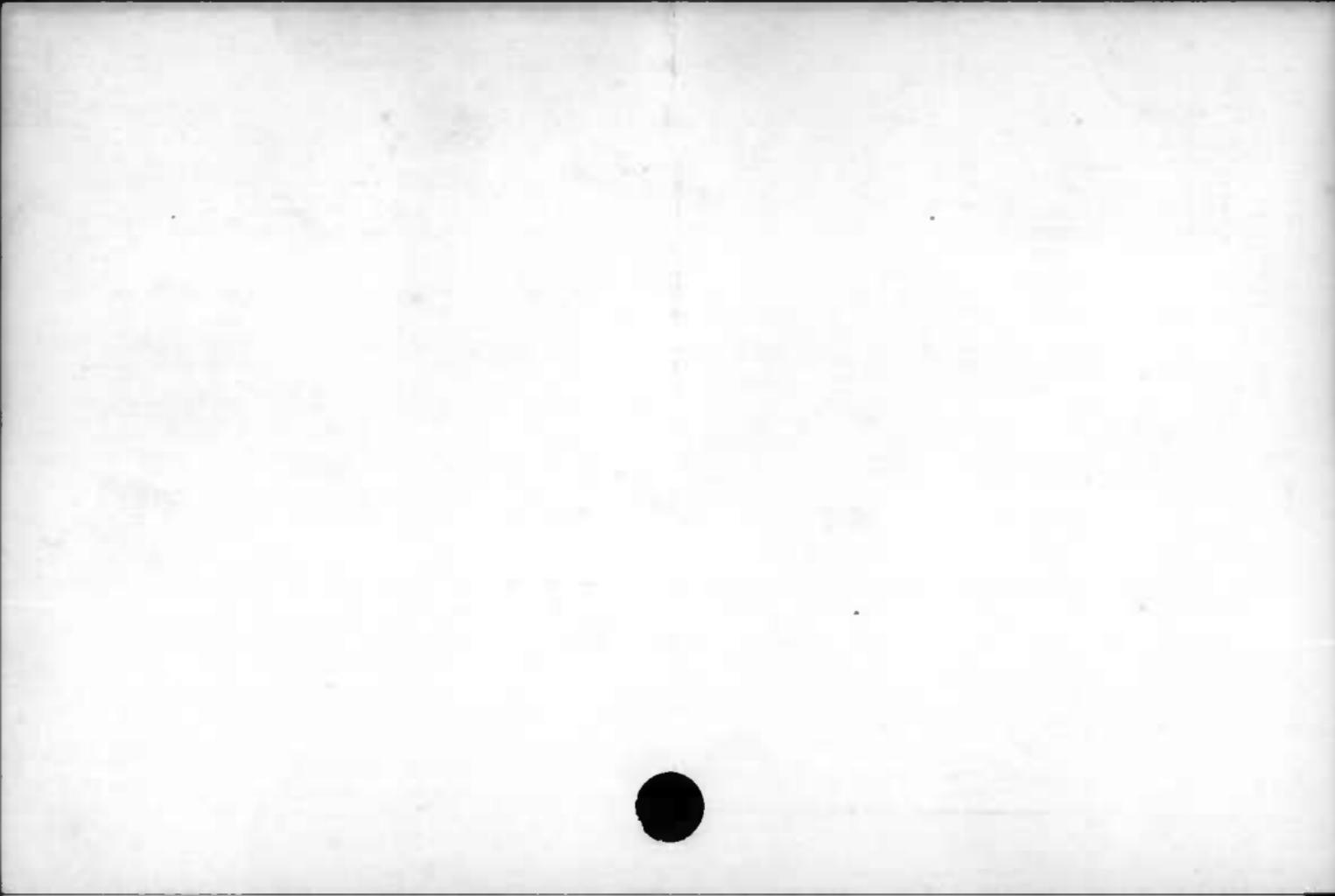
Signature of
Physician

Address

Zach. R. Morgan
Mechanicsville, Va

PHYSICIAN
OR CORONER

Accident or Suicide?



Name in Full

Certificate of Death

Mattie May. Combes.

Died at

Town	Great Nies			County	St. Mary's			MARYLAND
Month	Sept	Day	1911	Y.	M.	D.	Native of	Occupation
Date 19	18	Age	14				St. Mary's	Servant
Male	White	Married		Widow	Divorced			
Female	Colored	Single		Widower	Number of children living			

Husband's
of

Wife

Father's
Name

Cause of

Primary

Mother's
Name

Death

Immediate

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

Typhoid Fever

Address

Henry Richardson Jr. &

Great Nies Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Roland Anthony Crawley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
• NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Palmer 8 Maryland 9 1905 9 - 9 26 male colored md

Robert W. Gray Crawley md

Minnie Louise Collins md

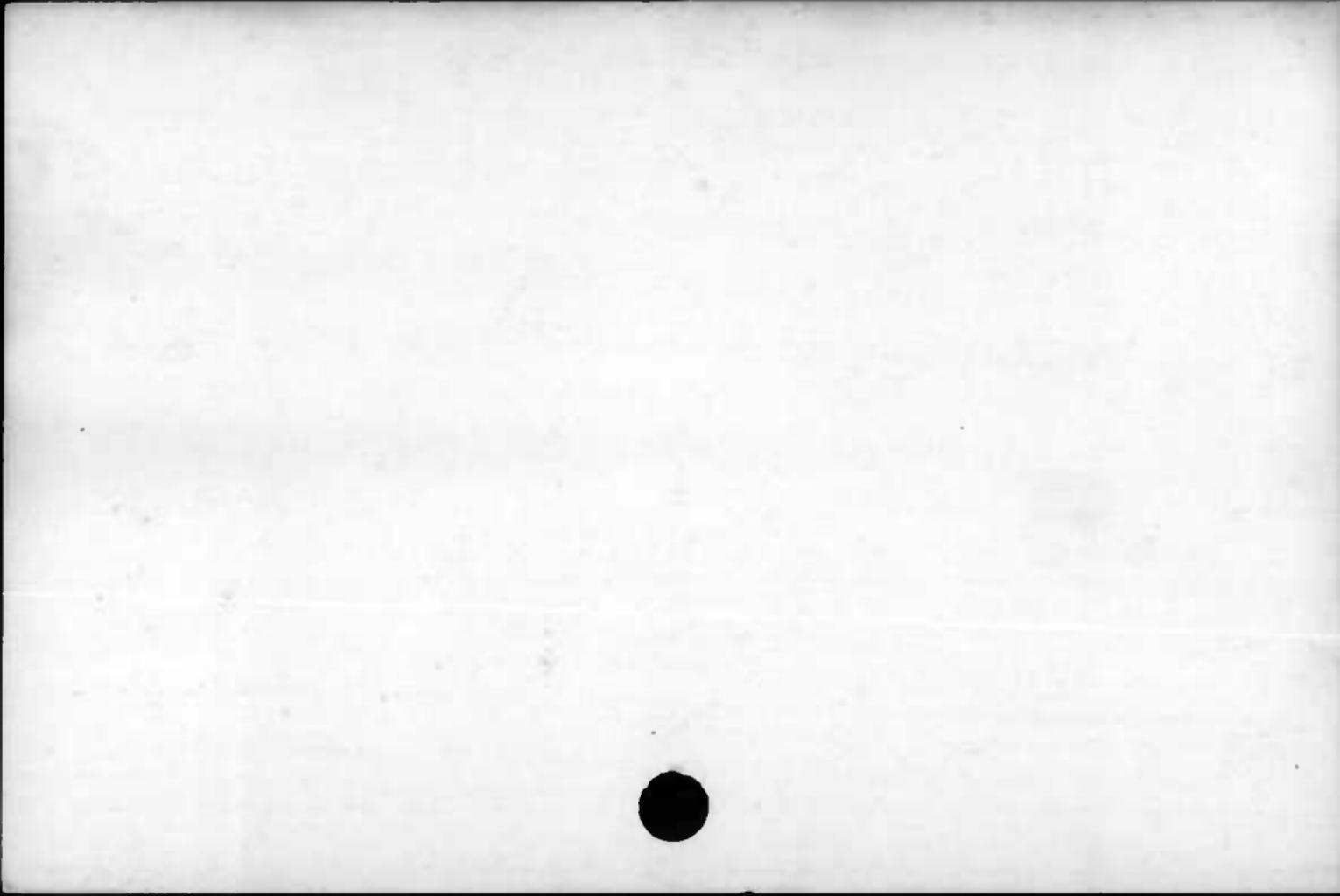
Minnie Z. Crawley mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchopneumonia of 36 hours	
Immediate	Emulsions	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	no	

Roll V. Palmer
Palmer



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ruth Maydew

CERTIFICATE OF DEATH

MARYLAND

Died at Baltimore		Town	County			
Date of death	1906	Month Sept	Day 18	Years	Months	Days
Age	17					
Sex	Female	Color or Race	Black	Birth-place	Maryland	
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name or Wife or Husband			
Father's Name	Elwin Maydew		Father's Birthplace			
Mother's Maiden Name	Sister Maydew		Mother's Birthplace			
Name of person giving information			How related to deceased			

CAUSES OF DEATH

Primary

Inhalation

How long

10 minutes

Immediate

Exsanguination

How long

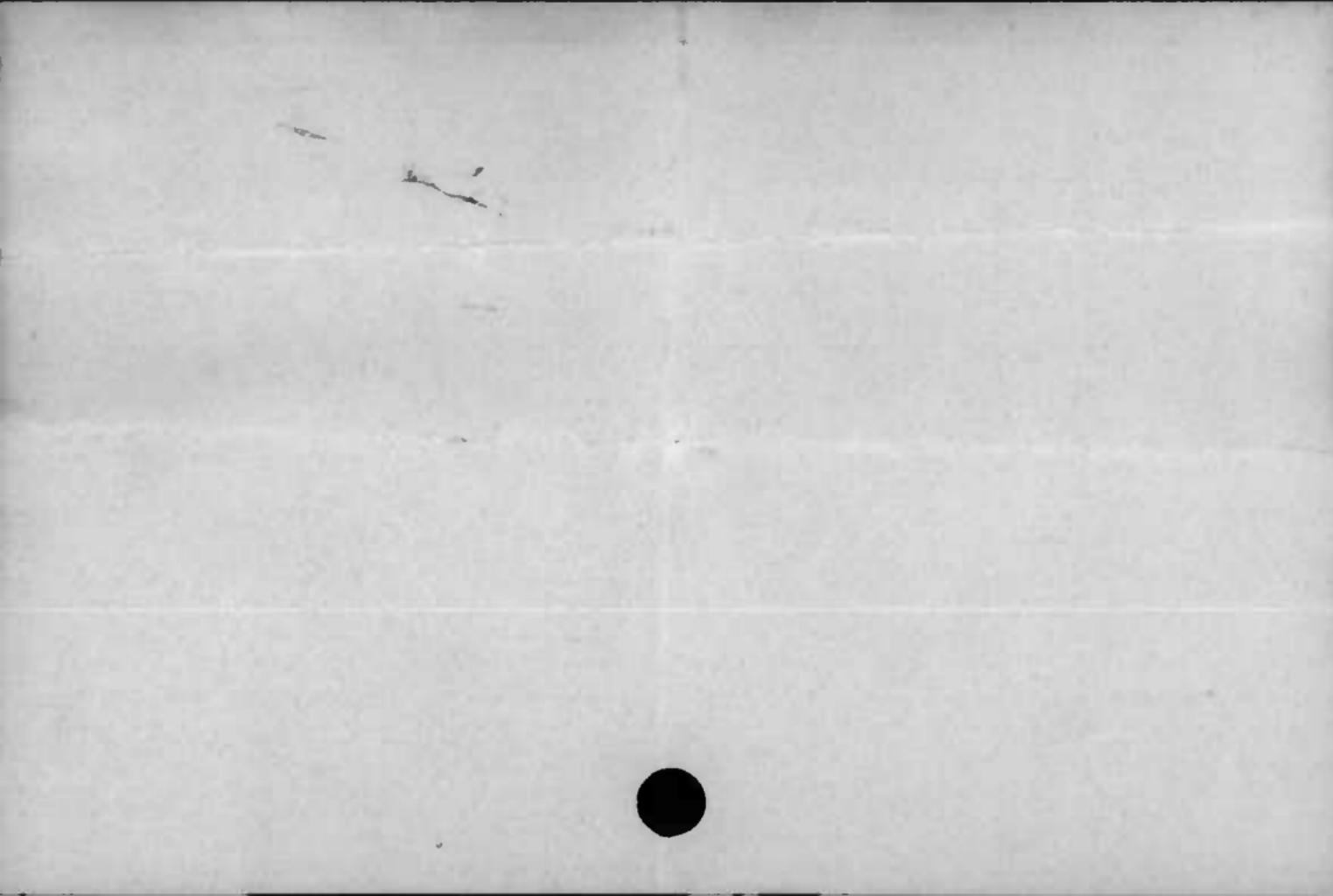
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. S. Smith
Lionardtown
Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Erva Holly

CERTIFICATE OF DEATH

MARYLAND

Died near Leonardtown Bd York		County			
Date of death	Month	Day	Years	Months	Days
1905	Sept	15	Age 10	-	-

Sex female Color or Race Colored

Birth-place

Occupation

Where Residing if not
at place of death

St Marys

Married, Single
or Widowed Single Name of Wife or Husband

Father's Birthplace

Father's Name James Holly

St Marys

Mother's Birthplace

Mother's Maiden Name Affelona

St Marys

How related to deceased

Name of person giving information James Holly

Father

CAUSES OF DEATH

Primary

Endocarditis

(18)

How long

4 weeks

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

F. J. Greenwell
Leonardtown
Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Eliza A. Hutchins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	St. Marys		County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Female	Color or Race	White		Birth-place	Oakhurst	
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Geo. A. Hutchins		Father's Birthplace	St. Marys	
Father's Name	Frank Lampert				Mother's Birthplace	St. Marys	
Mother's Maiden Name	Sarah Simek				How related to deceased	Husband	
Name of person giving Information	Geo. A. Hutchins						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Tuberculosis of Lungs

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

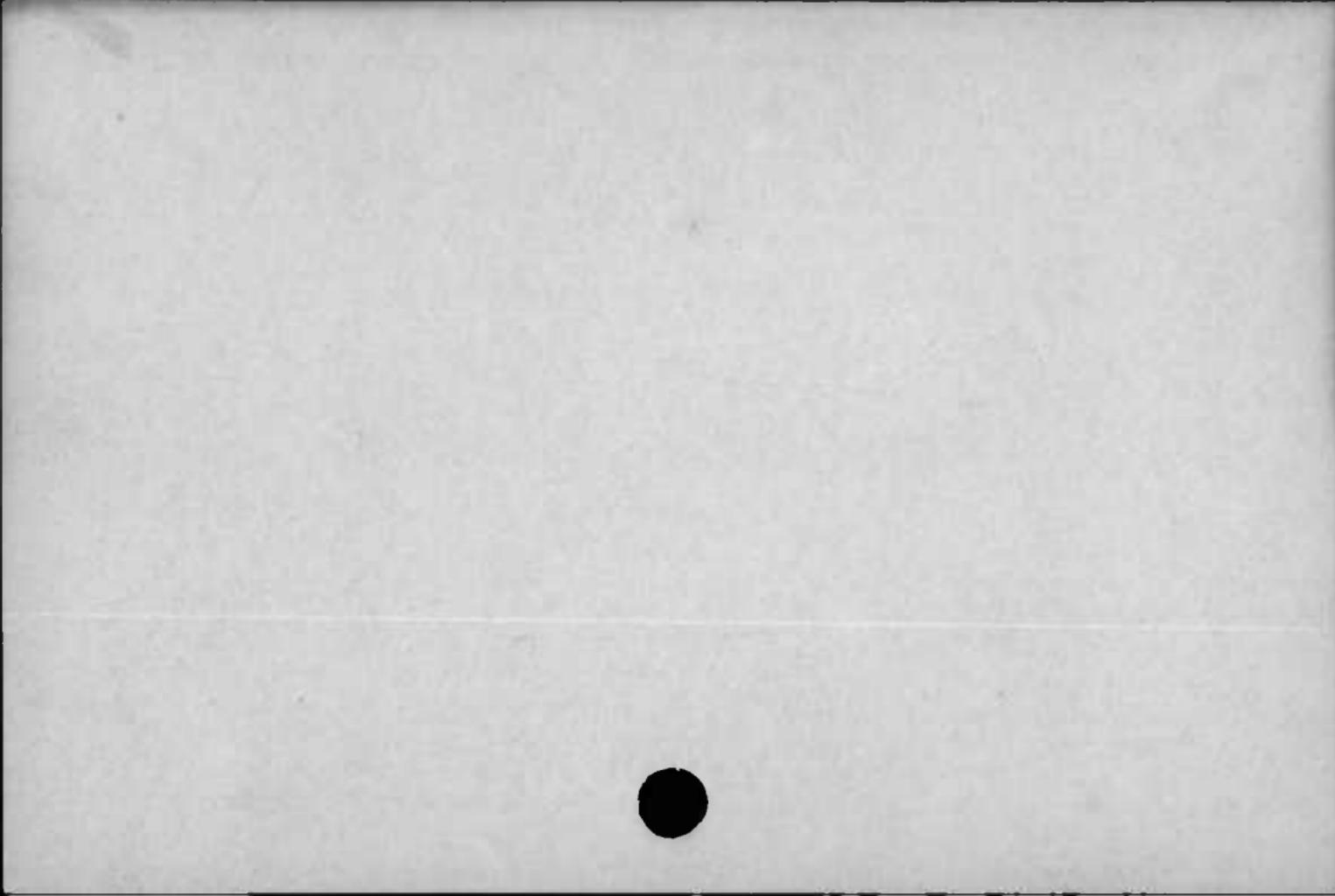
L. B. Johnson
Morganza

How long

How long

20 years -

Accident or Suicide?



Name
in
Full

Joseph Bernard Long
Town
Died at Oakley
County
St. Mary's

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Date of death	Month	Day	Age	Years	Months	Days
1905	9	19		-	2	3
Sex	male	Color or Race	white	Birth-place	Md	
Occupation	Where Residing if not at place of death					-
Married, Single or Widowed	Name of Wife or Husband					-
Father's Name	John St. Long					Father's Birthplace Md
Mother's Maiden Name	Mary J. Haedler					Mother's Birthplace Md.
Name of person giving Information	John St. Long					How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Enteritis follicularis

How long

6 day's

Immediate

Convulsions

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

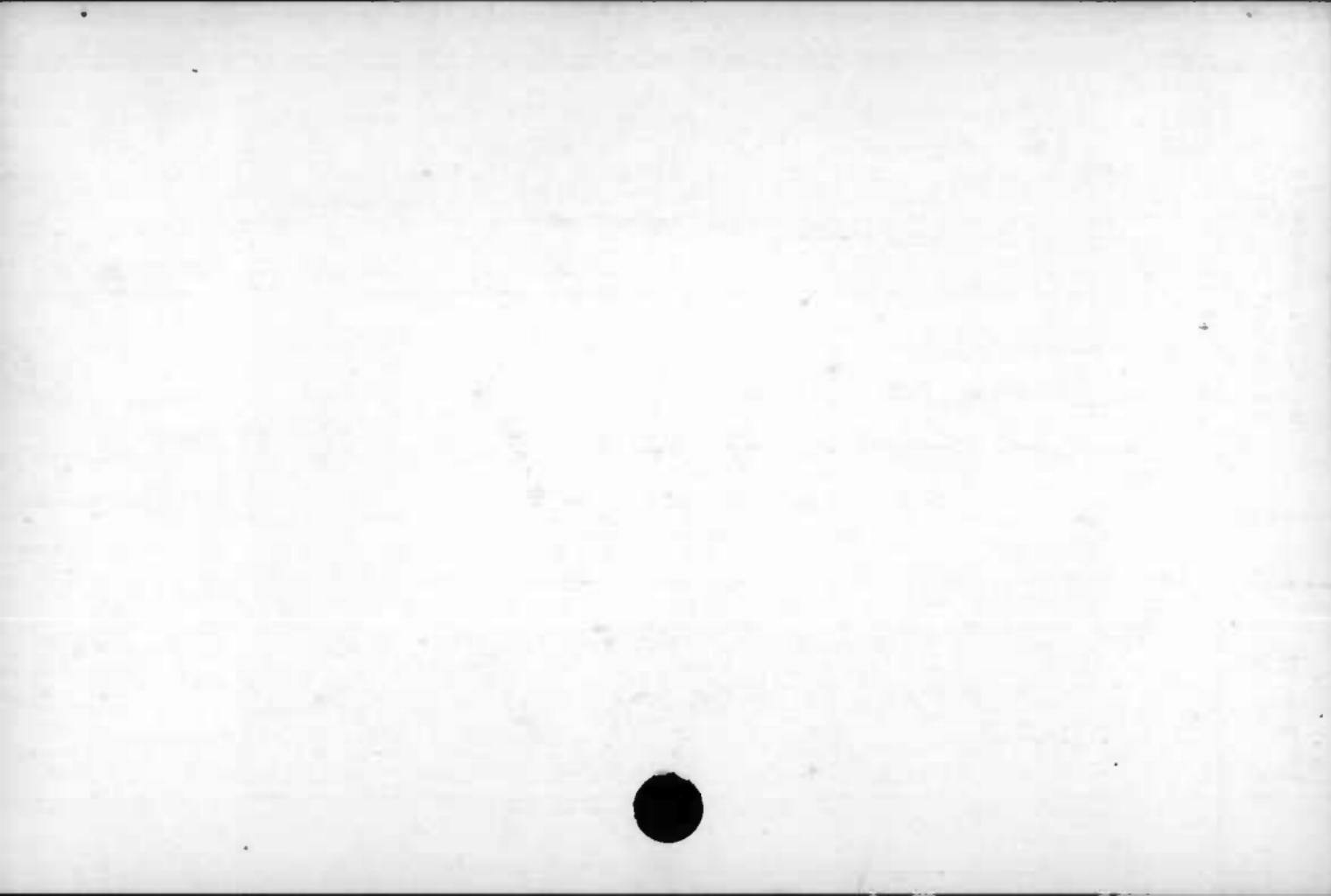
Signature of Physician

R. V. Palmer

Address

Palmer

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Emma Thomas

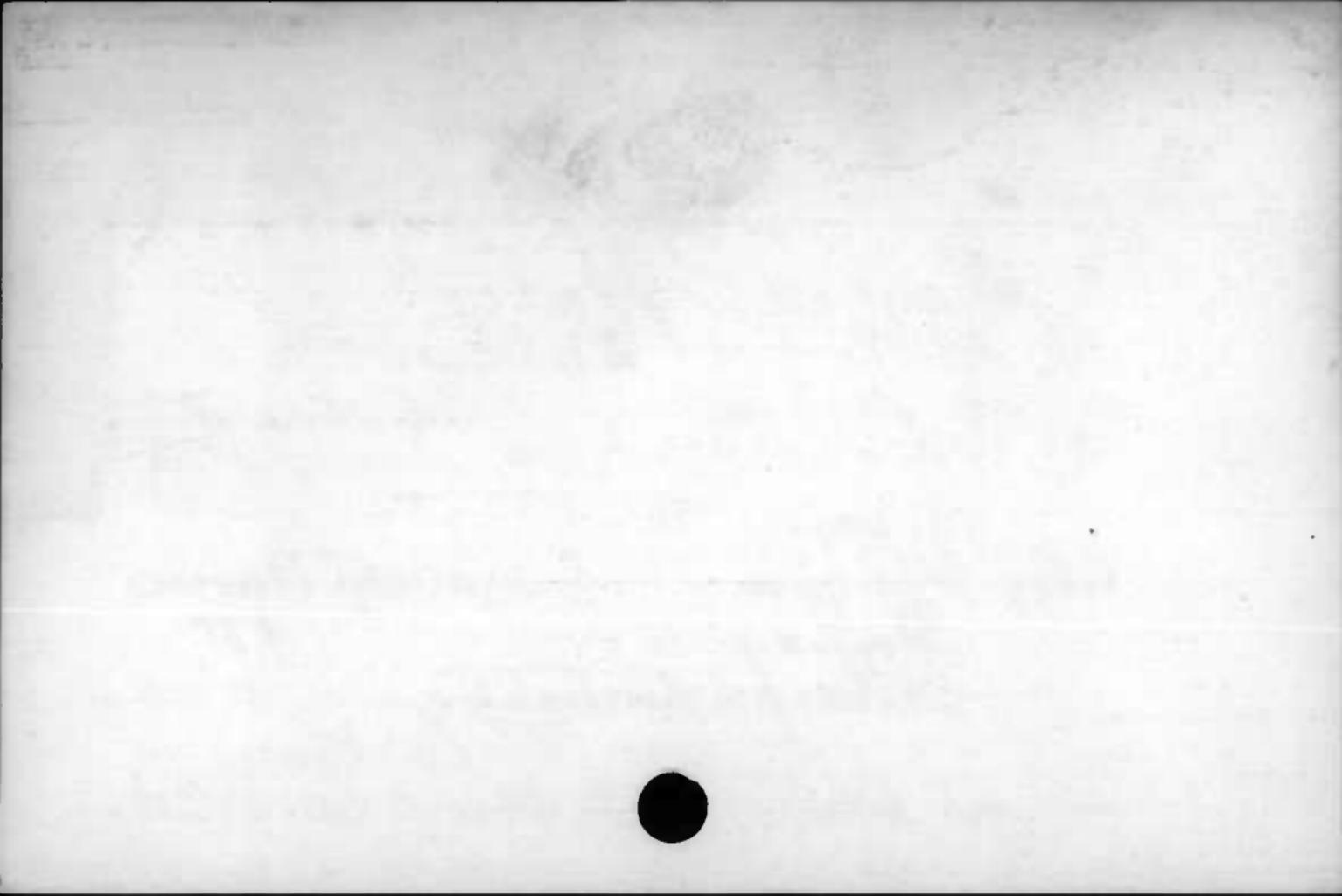
CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	36	—	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	James Thomas			
Father's Name	Charles Rich.				
Mother's Maiden Name	Anne Rich.				
Name of person giving Information	James Thomas				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever	①	How long	15 days
Immediate	Pulmonary congestion		How long	18 hours all
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician.	Roll V. Palmer
			Address	Palmer Palmer
Accident or Suicide?				and



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1905.

Month

Day

Y.

M.

D.

Native of

Occupation

9 18

Age 36

 Male White Female Married Widow Divorced Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Cause of

Primary

Mother's
Maiden Name

Death

Immediate

How long sick

1 yr.

Reported by

Lewis T. Clarke

Address

Grant Mills St. Mary's Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

